



**NATIONAL DIABETES EDUCATION PROGRAM (NDEP)
COMPREHENSIVE CARE CAMPAIGN**

FORMATIVE RESEARCH

with

PRIMARY CARE PROVIDERS AND PEOPLE WITH DIABETES

January – May 2001

EXECUTIVE SUMMARY

Overview and Campaign Implications

OVERVIEW OF THE FORMATIVE RESEARCH

- *In October 2000, plans were formulated for the next phase of the NDEP's Control Your Diabetes. For Life. campaign. At that time, the intent was to target mainly primary care physicians and then other health care providers (HCPs) such as physician assistants, nurse practitioners, certified diabetes educators, nurses, dietitians, and pharmacists. People with diabetes were identified as a secondary target audience.*

- Messages for HCPs would highlight:

--The most current science that recommends:

Practicing comprehensive, goal-oriented management of blood glucose, lipids, and blood pressure to help prevent diabetes complications.

Using the hemoglobin A1c test for monitoring blood glucose control and to guide therapeutic interventions to achieve goal glycemia.

--The most current statistics that show:

About 65 percent of people with diabetes die of cardiovascular disease-related causes.

- HCP input to guide development of the campaign was obtained through:

--10 focus groups with primary care physicians, nurse practitioners, and physician assistants and

--Self-administered questionnaires distributed by two NDEP partner organizations:

the American Academy of Nurse Practitioners (AANP) and the American Association of Indian Physicians (AAIP).

- Issues covered in the health care provider research included:

- Main issues in diabetes care
 - Barriers to diabetes control
 - Strategies for motivating patients
 - If/how cardiovascular disease (CVD) risk is assessed
 - How well patients understand their higher risk of CVD
 - Use of the hemoglobin A1c test and patients' understanding of it
 - Reactions to the campaign concept and potential themes
- Findings from the formative research conducted with providers strongly suggested that the new campaign should target primarily people with diabetes, and equip providers with information and materials to facilitate patients' responsiveness to campaign messages.
 - Accordingly, additional formative research was conducted with people who have diabetes. This phase of the research included:
 - 8 focus groups in four states that included 2 African American groups (New Jersey); 2 Caucasian (Florida); 2 Hispanic/Latino (Florida), and 2 representative of diverse race and ethnicity, including Native American (Arizona and California).
 - 61 self-administered questionnaires with people representative of diverse race and ethnicity in several states
 - 75 intercept/telephone interviews with people representative of diverse race and ethnicity in two states
 - Topics addressed in the research with people who have diabetes included:
 - Things people work the hardest on to manage their diabetes
 - What is most difficult/most motivating
 - Benefits of control
 - What HCPs discuss and emphasize re CVD risks and the hemoglobin A1c test
 - Reactions to facts about CVD risk for people with diabetes, including the fact that most die of CVD
 - Overall response to the campaign and to potential themes

FINDINGS FROM THE PRIMARY CARE PROVIDER RESEARCH

- **Providers know about the connection between CVD and diabetes.** It was not new information to them, and some were offended that a campaign would target them. They know that people with diabetes need to control not only their blood glucose, but also their blood pressure and lipids as well.
- Even though providers reported clear knowledge of the importance of controlling blood pressure and lipids in addition to blood glucose, **it was not apparent that many of them specifically or regularly emphasize with diabetes patients the higher risk of early serious CVD or death from CVD.** Some providers thought that it was more important to focus on other

complications that patients seem to fear more than heart attacks or strokes--such as loss of limbs, vision, kidney function, and sexual function.

- **Providers consistently indicated regular use of the hemoglobin A1c test to manage their patients' diabetes.** They realize the value of the test and often reported using the result as a patient education tool, describing various creative strategies for explaining how the test works to provide a three-month average blood sugar. However, it also was found that providers use a variety of names for the test, often whatever name is used by a particular lab, or simply "the long term sugar test." Research with patients indicated that while many know they have a regular test to determine their average blood sugar, there also was some confusion about the name "hemoglobin A1c" or "A1c."
- Providers were supportive of a campaign targeting patients that would reinforce and enhance provider efforts to motivate people to control not only blood glucose, but also blood pressure and lipids. Most said that they would welcome anything that increases patient awareness about the connection between diabetes and CVD and that prompts patients to ask providers more about it.
- Providers responded positively to the theme "Control the ABCs of Diabetes: A1c, Blood Pressure, and Cholesterol." Although some respondents were concerned about patient familiarity with "A1c," others thought that this approach would be easily remembered and would prompt patients to ask providers about the A1c. Key comments in support of this theme included:

*If they don't know what an A1c is, great. Ask the doctor. Perfect.
You're getting a new term into parlance.*

*I think it would be easier to remember ABC because you're dealing with
all education levels.*

III. FINDINGS FROM RESEARCH WITH PEOPLE WHO HAVE DIABETES

- Some of the people with diabetes who participated in this research were aware that they need to control their blood glucose, blood pressure, and cholesterol. However, it was not clear that people associated the importance of blood pressure and cholesterol control specifically with diabetes management.
- Some people also were aware that their diabetes raises the risk of heart attack and stroke. However, even some people who had heart disease did not always link it with diabetes because heart disease is so common in the general population. Many people were shocked to learn that rates of CVD are increasing among people with diabetes and that the death rate from CVD is so high for people with diabetes.
- Still, microvascular complications were much more salient and motivating. Many people said they do not fear dying from a heart attack as much as

going blind, losing a limb, or going on dialysis. Stroke evokes more fear than heart attacks, because of the greater likelihood of surviving with some type of impairment, but still was less important than other complications.

- Many people knew about the hemoglobin A1c test and said that their health care providers do this test regularly. This finding contrasts with NDEP focus group research conducted in 1998 when awareness of the test was much lower. Respondents knew that this is a quarterly test that determines a three month average blood sugar, and that they “*can’t cheat*” on this like they can with the fasting blood sugar. However, they often were unsure of how to pronounce the name of the test and reported that their health care providers refer to it by different names.
- Respondents thought that a campaign to increase awareness of the facts about diabetes and CVD was a good idea. The theme, “Control the ABCs of Diabetes: A1c, Blood Pressure, and Cholesterol” was well-received. However, people noted that neither this theme, nor others they reviewed, referred to CVD specifically.
- As a result, an additional component was incorporated at the beginning of the campaign slogan: “Get smart about your heart. Control the ABCs of diabetes: A1C, Blood Pressure and Cholesterol.” This theme was pretested with 75 people who have diabetes. Overall, the pretest respondents liked this slogan and thought it was simple and easy to remember. The term “get smart” did not raise any concerns nor did respondents suggest alternative wording. The most common negative response was in regard to the “A1C.” There was some concern about whether low awareness of the term “A1C” would make the theme confusing to some people. As noted above, however, providers seemed to think that this could have the positive effect of prompting people to ask them about it and open up discussion about diabetes and CVD.

CAMPAIGN IMPLICATIONS

Findings from the NDEP’s formative research with providers and people with diabetes suggest that the campaign needs to:

- Focus on messages and strategies targeting people with diabetes that will:
 - Inform them about the specific link between diabetes and their risk of CVD.
 - Raise awareness of the seriousness of this risk,
 - Emphasize how CVD complications can affect quality of life--and motivate people to take action to prevent cardiovascular disease complications.
 - Reinforce existing messages about the lifestyle changes needed to control blood glucose, blood pressure, and cholesterol--and include positive

references to the fact that many of the things people already try to do will help lower the risk of CVD in addition to the other complications they fear.

--Standardize reference to the hemoglobin A1c as the “A1C” test and reinforce the value of the test and its importance as one of the three diabetes numbers they need to know.

--Provide information that will enable people with diabetes to ask their health care provider about their CVD risk and discuss ways to lower the risk.

- Equip providers with clinical practice tools to reinforce patient campaign messages, encourage dialogue between providers and patients, and provide patients with useful take-home information. For example:

--Develop a clinical practice tool kit that meets providers’ needs for patient self-care materials. Providers were interested in a risk assessment tool to facilitate patient education about CVD and microvascular complication risk in relation to their blood glucose, blood pressure, and cholesterol levels.

--Develop some type of pocket-card that will encourage patients themselves to keep written records of important “numbers” and visits to health care providers.

--Develop materials and strategies that expand providers’ capabilities to provide information for patients with lower literacy levels and/or who are racially or ethnically diverse.

--Publicize widely campaign messages, strategies, available materials, and campaign impact in health care provider literature and at professional meetings.